

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000024582 (5)

1. Corporation Name

JODASCO, INC.

Principal Place of Business

Mailing Address

% JOHN DAVID SCHMIDT  
7385 SW 123 TERRACE  
MIAMI FL 33156

% JOHN DAVID SCHMIDT  
7385 SW 123 TERRACE  
MIAMI FL 33156



2. Principal Place of Business

2a. Mailing Address

21 15910 S.W. 105 CT

26 15910 SW 105 CT

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27 City & State

23 MIAMI FL

28 MIAMI FL

Zip

Country

Zip

Country

24 33157

25 USA

29 33157

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHAROUHIS, WILLIAM N  
ONE SE THIRD AVE., STE. 2500  
SUNBANK INTERNATIONAL CENTER  
MIAMI FL 33131

81 Name JOHN DAVID SCHMIDT

82 Street Address (P.O. Box Number is Not Acceptable)  
15910 S.W. 105 CT

83

84 City

MIAMI

FL

85 Zip Code 33157

11. Pursuant to the provisions of Sections 607.0502 and 637.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the provisions of, Section 637.1505, Florida Statutes.

SIGNATURE

*John David Schmidt*

JOHN DAVID SCHMIDT 5 AUG 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME SCHMIDT, JOHN D  
STREET ADDRESS 7385 SW 123 TERRACE  
CITY-ST-ZIP MIAMI FL 33156

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*John David Schmidt*

JOHN DAVID SCHMIDT 5 AUG 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-253-1023

CR2E034 (3/96)